24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	—
The 2016 Committee	C C00569905	٦!
		_
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report	
Full Name of Payee CHRISTINA HORNE	Date of Public Distribution/Dissemination	
	07 / 14 / 2015	
Mailing Address 305 OKLAHOMA PLACE	Amount	
City State	Zip Code 2749.38	
LADSON SC	29456-3225 Transaction ID : SE24.1188 Date of Disbursement or Obligation	
Purpose of Expenditure SIGNAGE	Category/ Type 004 07 14 2015	Y
Name of Federal Candidate	Support Office Sought: House District:	
DR. BEN CARSON	Oppose President Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Other (specify) ►	al
Full Name of Payee	Date of Public Distribution/Dissemination	
	M M / D D / Y Y Y	Y
Mailing Address	Amount	
City State	Zip Code	\neg
City		_
Purpose of Expenditure	Date of Disbursement or Obligation	V
	Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:	-
	Oppose President Senate State:	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:	al —
	2740.00	
(a) SUBTOTAL of Itemized Independent Expenditures	2749.38	_
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	2749.38	
	tures reported herein were not made in cooperation, consultation, or concer orized committee or agent of either, or (if the reporting entity is not a political	
Robert Frank [Elec	ctronically Filed] Date 01 07 2016	
Signature		